

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8	1	6				
9						
10						
11						
12						
13						
14	1					
15						
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20						
21						
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23						
24	1					
25						
26						
27	1					
28						
29						
30	1					
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49						
50						
TOTAL IND.	6					
TOTAL DEP.	29					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						